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SANTON COUNTY ST.	Rév. 4/59							TOWNSHIP only)	Length of stay	in 1b	c. CITY				Inside Limits
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3 . NAME OF DECEASED First Middle Lest OF DEATH Sept. 22, 1963 5 2 6 . SEX G. COLOR OR RACE New Married Rough New Married Rough Ro	1	4		1			- PINE MARKE OF HE MOTE 1813 1815	ive location)			d. STREET		f cutside, give l	ocation)	Reside on Farm
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21. I attended the deceased from 10-10 to 10-10 and less saw him alive on 10-10 and less saw h		P. P.		1 1		ĕ	21. I attended the deceased from		, to				411AE - OU-		uses stated
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.		⊆	'	·		i I	Death occurred at				2 2	end to the Desi	Of the knowledg	e, 110111 1116 Ca	
Death occurred at		₫			능	Γ. Ι	22a. SIGNATURE	• •		2		73			22c. DATE SIGNED 9-24-63
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e23a. BURIAL, CREMATION, 23b. DATE: 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)		L	:1-		781	•23	DEMOVAL (Speciful)	l l							faigrel
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ADDRESS 25. DATE RECD. BY LOCAL REG. 28. REGISTRARY SIGNATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRARY SIGNATURE 26. REGISTRARY SIGNARY SIGNATURE 26. REGISTRARY SIGNATURE 26. REGISTRARY SIGNATU					¥ <u>⊁</u>					_			\sim		· H

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify tha	it the body whose name is r	ecorded on the reverse side of this certificate was embalmed by me,
or by		Student Embalmer No
working under my persona	I supervision.	
Student		Signed Wanlove
Signature	of Student Embalmer	
Approximately and the second s		Licensed Embalmer No. 3994
4		
	$X_{\mathcal{O}} + \mathcal{O}(-n)$	CALIP. O. Address 37/2 E Joth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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SO(8, 1 5) 5 (100)